

State Training & Development Office
Bureau of Human Resources
APPLICATION FORM
(Print Legibly Or Type)

Title of Program _____ Date _____ 1st Choice _____ 2nd Choice _____

How did you hear about this program? Please check one:

Catalog ☐ Personnel Officer ☐ Intranet ☐ Co-worker ☐
Supervisor ☐ Other ☐ _____ (please specify)

Program Location _____ Fee _____

Last Name _____ First Name _____

Position Title _____

Dept./Agency _____ Bureau/Division _____

Work site Mailing Address _____ Work Phone _____

Billing Address _____ Home Phone _____

E-Mail Address (if not on State system) _____

Immediate Supervisor _____

Supervisor's Mailing Address _____ Work Phone _____

Please describe learning objectives: _____

If You Are A Supervisor...

How long have you supervised in Maine State Government? _____

Number of People Supervised? _____

I have carefully read both the description of the program for which I am applying and the State Training and Development Registration Policy:

Registrant's Signature _____ Date _____

Supervisor's Approval _____ Date _____

Authorizing Signature _____ Date _____

Return to: State Training and Development Office
#4 State House Station
Augusta, Maine 04333-0004
Telephone: 207-624-7764
Fax: 207-287-4414
TTY: 207-287-4537

Applications must be received at least 3 weeks prior to the program date, unless otherwise indicated.

Agencies will be charged for no-shows and cancellations made after confirmation letters have been sent, unless they have arranged with us for a substitution. You and your supervisor can arrange for a substitute from within your agency by calling us and giving us the new registrant's name.

Please reproduce this form as needed for submission